Mississauga Halton **LHIN**

Mississauga Halton LHIN
Integrated Health Service Plan: 2010–2013

Leading Health System Integration

November, 2009

Ontario
Local Health Integration Network

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Executive Summary

The Mississauga Halton Local Health Integration Network (MH LHIN) is one of 14 Local Health Integration Networks (LHINs) established in 2006 as an agency of the Government of Ontario responsible for planning, funding and integration of health services. The MH LHIN includes the communities of South Etobicoke, most of the City of Mississauga, Oakville, Halton Hills and Milton with a total population of about 1.1 million residents.

This document sets out our Integrated Health Service Plan (IHSP), a three-year (2010–2013) outlook of "what" key health system priorities the MH LHIN will be engaged in; and, a high level outline of "how" it will be executed over the next three years. The "what" of this plan reflects both the provincial government's priorities and local health system considerations. It is a product based on extensive engagement with our community, both its residents and providers.

The MH LHIN's focus will be to transform and integrate the provision of health care in order to ensure a seamless health system that promotes optimal health and delivers high quality services efficiently when and where needed in the right care settings. The key priorities for the next three years are:

- Improving access, quality and sustainability of the health system with a particular focus on reducing emergency room (ER) treatment time; and, improving on appropriate use of hospital beds and resources

- Developing a regionally integrated system of health care particularly for key services by creation of LHIN-wide regional programs
- Prevention and management of chronic conditions with integrated diabetes care as the first chronic condition that will be comprehensively addressed
- Integrating mental health and addictions services to improve access and quality of care
- Enhancing seniors health , wellness and quality of life in order to enable them to stay at home as long as possible with the required community supports
- Strengthening primary health care (first point of contact for an individual seeking medical care) to ensure all LHIN residents have access to primary health care when needed.

While health service providers funded by MH LHIN will continue to provide their core services as mandated under legislation, regulations and government policies; they will also collectively work together to address these priorities by transforming and integrating programs and services to improve overall performance of the local health care system in the MH LHIN.

The "how" part of execution of the IHSP will require key enablers to support the key priorities including:

- Capacity increase
- Partnerships for collaboration
- eHealth
- Transportation
- Engaged public about their health
- Health Human Resources

It will also require transformation and integration of services provided by our health service providers. Performance improvement will be key

to ensuring the best services are provided cost effectively to improve the health of our population.

Execution of the plan will also require partnerships with many of the non-LHIN funded providers including our physicians, public health departments, social service agencies and many others. It will also require an engaged and an empowered public that embraces personal responsibility to improve one's own health and well-being.

This IHSP sets out an action-oriented strategic framework with specific goals, objectives and outcomes for the next three years. The IHSP will form the collective agenda of all of the MH LHIN's funded providers to implement these key priorities. In executing this plan it is clear that:

- Some of the existing programs and services will need to be realigned;
- Targeted new funds (to be provided by provincial government in the next three years to the MH LHIN), will be invested in these key priority areas to ensure overall success.

By working collaboratively with our health partners and the community, we are confident that MH LHIN can deliver on the outcomes visualized in this IHSP for the population served in this LHIN.

1. Introduction

As an agency of the government of Ontario, Mississauga Halton Local Health Integration Network (MH LHIN) was created to better plan, coordinate, fund and integrate the delivery of health care services at the local level. The MH LHIN consists of the communities of South Etobicoke, Halton Hills, Oakville, Milton, and Mississauga.

The legislation that defines the role of LHINs, the *Local Health System Integration Act, 2006* sets out a requirement that each LHIN will create an "Integrated Health Service Plan (IHSP)" for 2010–2013. It describes our vision for our LHIN and the strategic directions we will pursue in our local health system for the next three years. It includes goals, objectives, and outcomes for those strategic directions. Our IHSP will be the cornerstone for specific decisions and initiatives—a basis for action to improve our overall health care delivery. MH LHIN works closely with the Ministry of Health and Long-Term Care, other LHINs, and the community to improve health services. Our LHIN actively participates in and contributes to the ministry's overall health care strategy for Ontario; and, we engage the community in formulating our local strategic directions.

In this IHSP, we show how our strategic priorities complement and further the provincial strategic plan. To put our strategic directions into context, we describe some important features of our LHIN and our population. We outline how we went about gathering information to help us decide what our strategic directions should be. We then describe our strategic directions in detail. We show how feedback from our residents

and partners about what is most important to them helped to shape our strategic directions. Finally, we show the outcomes we expect and our approach to measuring success in achieving them.

THE ROLE OF THE MH LHIN

Our role as a LHIN is to plan, fund and integrate local health care services. LHINs are based on the principle that health care is best planned, coordinated, and funded in an integrated way, within the local community. We involve the community in the planning process as much as possible. Our health service providers and residents are in the best position to tell us about local health service needs.

The 77 organizations that we fund, invest in for targeted areas and purchase specific services from, serve over one million residents. They include three hospital corporations, one Community Care Access Centre, 27 long-term care homes, 12 mental health and addiction services, and 34 community support services. Our Environmental Scan (see chapter 9) includes details on the health care resources in our LHIN.

Right: *Citizens' Reference Panelists learning about health service providers in the region*

We look for ways for the different parts of the health system to work together toward better health care. We also use performance measures to track how well health care services are working.

LHIN boundaries are for management and administrative purposes. People are not restricted to only receive health services in the LHIN where they live. We work with our neighbouring LHINs and other LHINs in the Greater Toronto Area on health care planning that crosses many LHIN borders.

The Ministry of Health and Long-Term Care and other health partners are responsible for certain aspects of our health system, including the following:

- Direct patient/client/resident care, including overseeing or managing doctors or other health care providers
- Overseeing or managing public health, prevention, education of health care professionals, ambulance services, Ontario drug benefit plan and other programs
- Governing the boards, human resources, policies, and day-to-day operations of health services providers

These are all crucial parts of the health system. We work with the organizations that are responsible for them toward improving our local health system. For example, over the past three years, we have been building relationships with health service providers in our LHIN at the governance level. We work closely with their boards, and that gives us confidence that they can deliver on our strategic priorities.

LHINs are responsible to the ministry for meeting targets and goals for the provincial health system. As the managers of their local health systems, LHINs also set goals for health providers.

We will continue to work with our health service providers and other partners to put our strategic directions into action. Based on their expertise and the needs of the people they serve, they will decide on the specific steps they will take to achieve the goals and objectives in this IHSP.

BUILDING ON EXPERIENCE OF THE PAST 3 YEARS

In 2006, we created our first IHSP. It was based on the provincial health care strategy and local priorities developed with input from the community, local health service providers (HSPs), and key health partners. With our partners, we executed the plan and our LHIN accomplished a great deal based on that IHSP. During that time, the province made significant investments in some of the priority areas that were included in our first IHSP. We were also learning more about our region and its needs and we have built significant relationships with our HSPs.

Investments in health care, our accomplishments, and our increased knowledge established a foundation that is much stronger than the one we began with three years ago. This IHSP builds on that foundation. It is more specific than our first IHSP and focuses more on getting things done.

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KEY ACCOMPLISHMENTS IN IMPLEMENTATION OF OUR FIRST IHSP

The following are some highlights of our recent accomplishments and current initiatives. A link to our detailed Progress Report is Appendix C that accompanies this report.

Success in building supports in the community for our frail seniors:

- Significant expansion of 24/7 personal support capacity for our vulnerable seniors to ensure they can to continue living independently at home as long as possible.

- Development of convalescent care programs to transition our seniors who are admitted to our hospitals to improve their overall quality of life and enable them to live in their homes independently as long as they can. An example is the "Restore" program which provides short-term care to support a return to independent living following a stay in hospital.
- Programs like the Home Support Exercise Program and the expansion of Credit Valley Hospital's Outpatient Falls Prevention Clinic work to keep seniors mobile and prevent falls.

Advancement of LHIN-wide clinical services integration to improve patient care throughout the LHIN:

- Centres of excellence in four key regional clinical areas (vascular surgery, cancer surgery, chronic kidney disease and neurosurgery) build capacity within the LHIN and improve 24/7 emergency response and off-hours access.

Improvements in system performance:

- Through the Regional Cardiac PPCI Program ("Primary Percutaneous Coronary Intervention"), Trillium Health Centre in Mississauga now has 24/7 capacity to give heart attack patients in the LHIN quicker access to life-saving care.
- Alternative Level of Care initiatives like the Geriatric System Navigation Program, the Restore Program, Home First, Supports for Daily Living, and enhanced home care services are expected to improve emergency room wait times by enhancing and increasing the capacity of community-based services.

Integrating mental health and addictions services:

- Resource guide listing all mental health and addictions programs in the MH LHIN was developed and distributed to 800 family physi-

cians and this has increased public and professional awareness and access to these services.

Building momentum for a LHIN-wide integrated diabetes strategy:

- Workshops for health care professionals on self-management of chronic conditions are helping to increase awareness of the best practices to chronic disease management.
- Through self-management courses on chronic disease management more residents across our LHIN have improved skills and knowledge to better manage their chronic conditions and interact with the health care team.
- Staff from LTC Homes attended a standardized education program to increase understanding of diabetes care and management of residents in LTC Homes.

WORKING TOGETHER TO CREATE A LOCAL HEALTH SYSTEM

In every area of our mandate, we will bring health service providers together to develop solutions for improving health care. By working together, we can move toward creating a true health system for Mississauga Halton—one that will serve the needs of all of our residents.

2. MH LHIN IHSP aligns with Ministry priorities

The LHINs as integral partners in the improvement of health care in Ontario ensure that certain key priorities are important to all Ontarians. The province-wide priority areas now will also help us improve services in other areas in the future.

PROVINCE-WIDE PRIORITIES

The Ontario government has established a focused set of health care priorities reflective of what the public has defined as most important to improving the health system performance over the immediate period of time.

Emergency Rooms

- Reduce the wait time in emergency rooms

Hospitals - Alternate Level of Care

- Lower the number of people who stay in the hospital while waiting for services outside the hospital
- Reduce the total number of days that people stay in hospitals while waiting for other services

Diabetes

- Work with the province and other LHINs to launch the Ontario Diabetes Strategy
- Improve care for people who have this chronic condition
- Implement the e-health Diabetes Registry locally

Mental Health and Addictions Services

- Integrate mental health and addictions services to better serve patients' needs

Reducing Emergency Room Wait Times

Ontarians want timely access to emergency room care. In order to improve emergency room treatment time, the Ontario government has set clear targets for reducing the amount of time patients spend waiting in emergency rooms (ERs). For patients with minor or uncomplicated conditions, the target is four hours. For non-admitted patients with complex conditions, the target is up to eight hours. Our LHIN will continue working toward these targets, especially in the area of diagnosis, treatment, and hospital admission for ER patients with complex conditions.

Right: *Members of the Citizen's Reference Panel considering the MH LHIN's proposed priorities*

One way to reduce ER wait times is to make sure that the public, family doctors, and ER doctors and nurses have up-to-date information about the non-emergency health services available in the community. This and other goals are included in our strategic priority improving access, quality and sustainability of the health system (page 26).

Reducing Time Spent in Hospitals by Improving Appropriate Use of Hospital Beds – Reducing Alternative Level of Care Days

Patients should be able to leave hospital soon after they have received the care they need. "Alternative Level of Care" is a term applied to patients who are no longer requiring hospital care, but who cannot be discharged from hospital in a timely manner because the necessary "alternative" services they need are not readily available. For some patients post-hospital care is required at home or in community settings to ensure successful overall outcome in a timely manner. With a range of appropriate services available in the community or at home, patients will spend less time in the hospital. Reducing the number of alternative level of care bed days in hospitals is important to ensure the timely flow of patients back to the community, and allows both acute patients and post acute patients timely access to services.

The Ontario government has set clear targets for reducing the number of Alternate Level of Care days. This is measured by the number of days patients wait to be discharged from Alternate Level of Care as a percentage of total patient days. The provincial average for 2008/09 was 14.04%. Our LHIN reported 12.5%. The results in our LHIN were better than in the province as a whole at that time. However, the MH LHIN is making further reduction of these days a top priority over the next three years.

Diabetes strategy

In Ontario, the number of people who have Type 2 diabetes has increased rapidly over the past 10 years. In 2008, about 900,000 Ontarians were liv-

ing with diabetes in Ontario. This number is projected to grow to 1.2 million in 2010. Treatment of diabetes and related conditions including heart disease, stroke and kidney disease currently costs Ontario over $5 billion annually. This is a major problem that does require province-wide action.

Type 2 diabetes can be prevented. All partners in the health system can work together to promote healthy lifestyles that will help prevent the onset of Type 2 diabetes. We can also work together to increase knowledge about the disease to help people with diabetes to better manage their health.

In July 2008, the Ministry of Health and Long-Term Care announced that it would be investing in a Diabetes Strategy. The strategy seeks to improve access to integrated diabetes care by expanding diabetes education programs and creating regional centres for diabetes within each LHIN. The LHINs are all committed to address this growing health care problem.

Enhancing Mental Health and Addictions Services

According to the Ministry of Health and Long Term Care's discussion paper "Every Door is the Right Door" about one in five Ontarians will experience a serious mental health or harmful substance use at sometime in their lives. It is a major problem that effects people of all ages and has a major impact on our society.

The provincial government is developing a 10-year strategy for mental health and addictions. It will include the wider spectrum of mild and moderate mental illness and addictions, like depression. Services for people living with serious mental illness and addictions will remain a priority. We will work with the province to engage our community in providing input on the design of the provincial strategy.

We will also continue to seek better ways to respond to the needs of our community. Our strategic priority integrating mental health and addictions services sets out those goals.

3. Vision for the local health care system

Our LHIN is committed to supporting and promoting integration as a catalyst for positive change in our local health care system.

Our Mission

To lead health system integration for our communities

Our Vision

A seamless health system for our communities – promoting optimal health and delivering high-quality care when and where needed

Our Values

Innovation We explore and support imaginative initiatives and solutions

Integrity Our actions and words reflect honesty, integrity and good judgment

Accountability We will routinely evaluate our judgments and decisions

Partnership We will work in partnership with our community, health service providers and the provincial government

Respect We will actively listen and work together with dignity and consideration

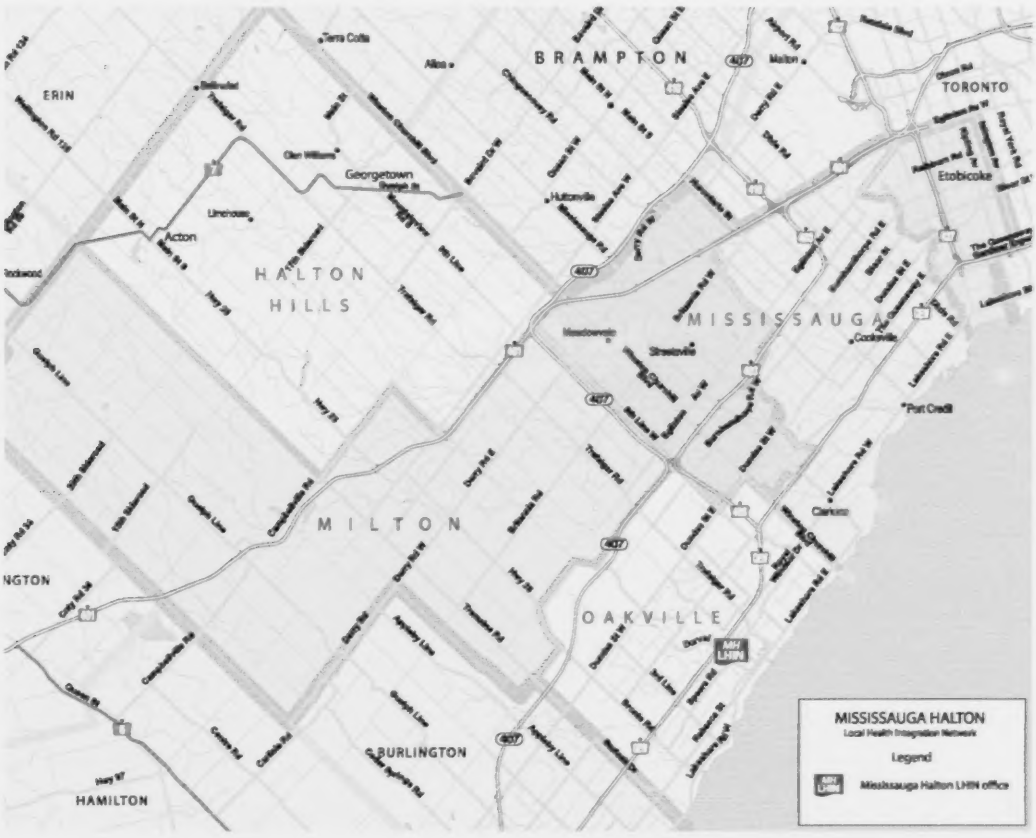
Holistic Approach Our work will reflect and recognize the connection between the body, mind and spirit

Our Principles

- Community Engagement
- Cooperation
- Coordination and Integration
- Equity and Diversity
- Accountability and Transparency
- Sustainability

4. Overview of the Current Local Health Care System

Mississauga Halton LHIN covers approximately 900 square kilometers. It is one of the most compact LHINs in the province. The municipalities of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke (part of the City of Toronto) are contained within the LHIN. Our LHIN includes urban, suburban, and rural areas.



OUR POPULATION IS GROWING SIGNIFICANTLY

Our LHIN is compact, but our region has one of the fastest-growing populations in Canada. By 2014, our LHIN's population is expected to grow by another 15%. The Town of Milton is in our LHIN and it is the fastest-growing community in Canada. (See Table I)

According to the Ontario Health-Based Allocation Model, the annual growth rate in hospital and home-care service will be much higher in our LHIN than it will be for the province as a whole. That higher growth rate applies to all age groups, but especially to the 85+ age group.

We are growing our hospital and community capacity to respond to population growth in our region. Over the past few years, all of our hospitals have seen an increase in the number of emergency room visits because of our LHIN's growing population. Fortunately, all of the hospitals in our LHIN are expanding their capacity or have plans for expansion. The LHIN plays a critical role in working with our hospital partners to determine the programs and services that will best meet the needs of our growing community.

Table I: Population Growth in Mississauga Halton LHIN

Age Group	2007 Population	2014 Population	% of LHIN	Female to Male Ratio	Population change	% change 2007-2014
< 20	292,070	312,604	26.2%	0.96	20,534	7.0%
20-39	326,614	367,750	29.3%	1.02	41,136	12.6%
40-64	384,197	451,357	34.4%	1.01	67,160	17.5%
65-84	101,033	132,757	9.1%	1.18	31,724	31.4%
85+	12,154	19,016	1.1%	2.04	6,862	56.5%
Total	*1,116,068*	*1,283,484*		*1.02*	*167,416*	*15.0%*

Source: Ontario Ministry of Finance / IntelliHealth Ontario Year: 2007/2008

We are also starting to work more closely with the Ministry of Health and Long-Term Care on capital planning. Capital planning is for projects that involve significant long-term resources, like buildings. The role of the LHINs in capital planning is still evolving, but it is an important one. Capital projects are sometimes completed over a long period, and we need to be able to plan for future needs.

We have a growing population of seniors

In our LHIN, the most significant population growth over the next 10 years is expected to be in people who are 60 to 74 years old. The 65 to 74 age group is expected to grow at a rate of 59.4%. Our LHIN also has the second-fastest-growing population of people over age 75 in the province.

Right now, the region has an immigrant population of 43.2%. The provincial average is 28.3%.

DIVERSITY IN OUR LHIN

Our area has attracted a large population of immigrants and recent newcomers. Right now, the region has an immigrant population of 43.2%. The provincial average is 28.3% (2006 Census, Statistics Canada). We are also one of the most diverse LHINs (36.2% total visible minority population).

The cultural and linguistic diversity we enjoy in our LHIN means that, to meet the needs of our residents, health service providers must plan and deliver services in a culturally competent and equitable way. For example, our South Asian population is growing, and it is well known that there is a higher prevalence of diabetes among South Asian people.

The combination of a population that is aging and a population that is becoming more and more diverse make it important to minimize the risk for diabetes and other chronic conditions. We will do this through strategies for promoting health and preventing and managing chronic diseases.

Francophone community

Our LHIN has 16,580 residents (1.7% of our population) whose mother tongue is French. The majority of our francophone residents live in the City of Mississauga. A new "Inclusive Definition of Francophone" was announced in June 2009. Applying this definition will increase the number of francophone in the LHIN slightly, but the figures are not yet available.

The province and our LHIN are working to identify the health needs of our francophone community. LHIN staff has regular meetings with the French Language Services Coordinator for our LHIN and local francophone leaders. We are meeting our goal of having consultations with the francophone community to support health system planning and to define needs and service gaps. We are also working with our partner LHINs in the Greater Toronto Area on ways to collaborate to better meet the needs of the francophone community throughout the region.

Aboriginal community

Our LHIN is home to 4,400 identified Aboriginal people (0.4% of our population). The highest concentration lives in Halton Hills, where 0.9% of the population is of Aboriginal ethnic identity. Our Aboriginal population is much smaller than the Aboriginal population in other LHINs because there are no First Nations reserves within our LHIN.

The Aboriginal population has distinct health status characteristics and non-medical health determinants. For example, infant mortality, unintentional injury deaths, suicides, and smoking rates are higher in Aboriginal communities. We have begun discussions with our local Aboriginal leaders, including the Métis Nation of Ontario Health Branch – Brampton/Mississauga and the Peel Aboriginal Network. The LHINs in the Greater Toronto Area are also collaborating on planning, community engagement, and health service delivery for Aboriginal people.

5. Framework for planning

All aspects of health care are important. By setting key priorities in this IHSP, we can focus on areas where we can make a significant difference in the next three years, taking into account the resources we have. We will build on our successes in these priority areas to make improvements in other priorities areas in the future.

The key priorities for our LHIN are also the provincial priorities. In our leadership role in integrating health services locally, our LHIN implements and focuses those priorities to meet local needs. We may also add to our IHSP other priorities that are important to our local communities.

ENVIRONMENTAL SCAN

Before deciding what our priorities should be, we had to find out where we are now. We tracked the LHIN's progress toward the goals of our current IHSP, including the status of the many programs and initiatives planned, started, or already implemented. We updated our information on local resources. We also gathered new data on emerging trends in the LHIN. (See chapter 9 for a link to our Environmental Scan.)

Sharing highlights of our Environmental Scan was part of our community engagement process. Our residents and partners thought about priorities based on up-to-date information about our local needs and resources.

MH LHIN PRIORITY-SETTING LENS

The MH LHIN Board developed a "priority-setting lens" – a set of standards for evaluating priorities and strategies:

Core commitments: Is there a direct link to the LHIN and the provincial health system priorities?

Severity and prevalence: How severe is the problem? Where do we have influence? How many people experience this problem?

Achievability: Do we have direct influence? Can we execute it successfully?

Feasibility: Can health service providers and LHIN staff do what it proposes? Are health service providers and other ready?

Benefits: Will there be a positive impact on health outcomes (improve accessibility, quality, and safety)?

Costs and Risks: Can it lead to a sustainable system? Is there a positive cost/benefit or impact on social/political conditions?

Looking at all of the possible priorities through this lens, we focused on the priorities that were likely to be most appropriate for our LHIN.

Left: *Panelists reviewing the MH LHIN's Priority-Setting lens*

BUILDING ON A STRONGER FOUNDATION

The priorities in our first IHSP aligned with the provincial priorities and the province invested in working toward them. Our local health partners and residents also gave us extensive input before we created that first IHSP. Our LHIN has achieved a great deal since then. We now have a stronger foundation. With the strategic directions for this IHSP, we had an opportunity to build on that foundation.

Using the priority-setting lens and based on the information from our environmental scan, we updated the priorities from our first IHSP. We then set out to get feedback from the community.

Every resident and health service provider in our LHIN has an interest in health services, and we wanted to hear as many perspectives as possible.

COMMUNITY ENGAGEMENT

We carried out an extensive community engagement plan for this IHSP. Every resident and health service provider in our LHIN has an interest in health services, and we wanted to hear as many perspectives as possible. We wanted to make sure that every participant was heard and that no single perspective dominated the discussion. We looked for themes and messages that seemed to be the same among different communities and stakeholder groups. We set three goals for our consultations:

We would find out whether we are on the right track: We would establish whether our first IHSP reflected the concerns of the broader community.

We would try to reach the whole community: We would build on our close connections with stakeholders and community groups, and also find a way to get feedback at a deeper level from the community at large.

We would benefit from the knowledge and experience in our community: We would ask participants to consider the strategic priorities and challenge them to work together to think of better ways to deliver health services.

Our community engagement plan included a series of focused facilitated engagements in April, May, and early June 2009

- Health Professionals Advisory Committee
- Primary Health Care DPA Team
- Diverse Communities
- Health Service Providers
- Systems Integration Group for Mental Health and Addictions (SIGMHA)
- Aboriginal Leaders
- Francophone Community
- Seniors' Health and Wellness Advisory Group
- Long-Term Care Administrators
- Integration Advisory Group
- Members of Provincial Parliament
- Physician CME
- Chronic Disease Prevention and Management Detailed Planning and Action Team
- Online Web Survey
- Health Care Leaders' Collaborative
- Board Members from our Health Service Provider Organizations

We also conducted an innovative Citizens' Reference Panel. Residents of our LHIN were selected to participate through a civic lottery. The panel met for two full days, learned about the health system in the LHIN, and made recommendations about priorities for this IHSP. As well, we had an online survey open to public participation.

In all, we engaged over 867 individuals and we received strong endorsement of all of our proposed strategic priorities. All of the consultation reports are available at http://www.mississaugahaltonlhin.on.ca/Page.aspx?id=3644.

At the end of the consultation process, we refined our strategic directions based on what we heard from our partners and residents. Finally, we asked for feedback on our draft IHSP to validate the refinements we had made.

Above: *Health service providers in conversation in Oakville*

6. Strategic directions for our local health system in Mississauga Halton LHIN

The IHSP is a high level 3 year outlook on key areas of focus by the MH LHIN. Health service providers will continue to provide core and mandated services in accordance with legislation, regulations and policies. The strategic directions outline:

- Critical issues and challenges to health service delivery
- Strategic priorities for the next 3 years
- Goals and themes that will guide service delivery.

The IHSP is designed to move us closer towards a seamless health system for our communities promoting optimal health and delivering high quality care. The "what" areas of foci are designed to meet our diverse population's needs for:

- Improved health
- Timely access
- Efficiency and affordability
- Improved outcomes
- Better access to primary care

STRATEGIC PRIORITIES: 2010 – 2013 -THE "WHAT"

The following are our strategic priorities for the three-year period of this IHSP:

- Improving access, quality and sustainability of the health system
- Create LHIN-wide regional programs
- Prevention and management of chronic conditions
- Integrating mental health and addictions services
- Enhancing seniors' health, wellness and quality of life
- Strengthening primary health care

Our framework for planning resulted in six priorities and six enablers. Together, they represent our key strategic directions for our focus over the next three years. Some programs and services are not specifically mentioned in our strategic directions because our health services providers are already serving these areas very well. Other areas are not identified because our consultations did not identify them as the highest priorities.

Below, we describe our specific goals and objectives for each of our strategic priorities.

Strategic priority: Improving access, quality and sustainability of the health system

Improving health system performance means that we constantly focus our health care from a patient/client/resident's perspective and engage the family in the overall health care delivery. This particular priority area is one of the most challenging ones that will require an engaged public and full cooperation of all to achieve the stated objectives.

Goals:

- Reduce ER wait times for treatment and improve patient satisfaction
- Reduce unnecessary hospital stays

- Improve access to specialized services across the LHIN
- Improve management of patients/clients movement through the system

Objectives:

- Reduce ER treatment wait times by enhancing community capacity to provide non-emergency care
- Reduce hospital stays by increasing supports in home and community settings

Emergency Room

Emergency room treatment times in the MH LHIN are among the longest in the province. Through a standardized provincial database, the Ministry of Health and Long-Term Care has established baseline performance for improving ER treatment time and improving patient satisfaction. For non-admitted patients with minor or uncomplicated conditions, the target is four hours. For patients with complex conditions, the target is six to eight hours.

Wait Time Performance in ER
(% of patient group treated within target)

	Admitted Patients	Non-admitted High-Acuity Patients	Non-Admitted Low-Acuity Patients
Provincial Target	90% treated within 8 hours	CTAS I-II treated within 8 hours, CTAS III treated within 6 hours	90% treated within 4 hours
Provincial Average	39%	82%	85%
MH-LHIN 08/09 Baseline	31%	82%	88%

While the treatment time for non-admitted patient averages 2.6 hours (as of June 2009), the greatest challenge is for people who are waiting in the ER for admission to an inpatient bed. The average length of stay in the ER for those patients is 6.8 hours (as of June 2009). Our LHIN is continuing to work toward the provincial targets. The following table outlines the three key performance improvement areas, and the baseline information for the MH LHIN and the province.

Alternate Level of Care

Alternate Level of Care (ALC) is a clinical decision that is made by a physician, or other healthcare professional, when a patient no longer requires the treatment or services provided in their current location or care setting. A patient can be identified as ALC when they occupy a hospital bed in an acute care, rehabilitation, mental health or complex continuing care.

A patient can be identified as ALC when their healthcare team decides that they have reached a point in their treatment where they no longer require the level of care provided in their current location. Usually this happens when all treatments and services that can only be performed in the hospital setting are complete.

When a patient is identified as ALC, this means that their healthcare team is in the process of planning for the patient's care needs following discharge home or to continue care with support from community-based services such as home care.

Patients who no longer require hospital care need to go home with ongoing support from the community-based programs. Leaving the hospital at the appropriate time is the best solution as it:

- Enables other acutely ill patients waiting in emergency rooms to be admitted quickly
- Reduces the risk of hospital infections
- Provides the patient with convalescence (with home care and community support services) to attain optimal functioning post hospital care

- Generally, home provides the best environment to consider potential significant life transitions, such as moving to a LTC home.

For the fiscal year 2008/09;

- The provincial ALC rate for acute care was 15.98%
- MH LHIN's ALC rate for acute care was 12.78%

The Province and the LHIN jointly set a target for ALC reduction. For the next three years, the LHIN will continue to focus on reducing ALC days in order to:

- Ensure appropriate patient/client needs (not provider preference) drives care.
- Maximize the available acute care capacity and system flow by developing and implementing system wide best practices and innovative strategies and solutions to address the ALC challenge in the MH LHIN
- Ensure that patients no longer requiring care in the hospital setting are transitioned quickly and compassionately to the most appropriate level of care based on their individual needs which will require putting in place an integrated delivery model for community-based care
- Establish leading practices in ALC management which can be shared across the province.

Strategic Priority: Create LHIN-wide Regional Programs

In order to improve quality and access to care, the LHIN needs to ensure programs are managed consistently across the LHIN. To this end, the LHIN will work with its HSP partners to further develop regional program centres of excellence amongst hospitals, the community sectors and between hospital and community sectors.

Integration of programs and services between sectors will result in better outcomes and provision of more services in an efficient manner. Where critical mass is linked to improved quality of care or improved use of resources, then regional programs that secure these results will be promoted and encouraged.

Goals:

- Improve access to and quality of care within key clinical services across the LHIN
- Maximize capacity across the MH LHIN
- Improve use of resources to achieve patient care goals

Objectives:

- To develop certain specialized programs that are managed across the LHIN to deliver a LHIN-wide consistent quality of service
- To improve consistency for eligibility to services (i.e. through LHIN-wide common assessment and intake tools)
- To regionally standardize access to key regional programs
- To increase efficiency to deal with growth requirements

The LHIN has developed regional programs in vascular surgery, thoracic surgery and neurosurgery. Plans are underway to create regional programs in specialized geriatrics, palliative care, diabetes and complex continuing care. Over the next three years, regional service delivery models will be considered within community sectors, LTC homes and hospitals.

Strategic Priority: Prevention and management of chronic conditions

Good management of a chronic disease can help prevent the onset of multiple complications as people age. This is important for individuals, and also for the health system. As our population gets older, there will be more people with chronic conditions such as diabetes, asthma, heart disease, arthritis, and high blood pressure. This will place significant pressure on local health system resources. We can also expect increased visits to family doctors and ERs. Patients with multiple chronic conditions tend to have longer hospital stays, higher health care costs, increased mortality, and higher hospital readmission rates.

The prevalence and incidence rates of diabetes in the MH LHIN in 2004/05 were slightly above the provincial average. (8.4 prevalence rate in Ontario; 8.6 prevalence rate in MH LHIN; and 8.1 incidence rate in Ontario; 8.8 incidence rate in MH LHIN). Within the MH LHIN, the two high needs neighbourhoods with higher than average prevalence rates of diabetes are Southeast Mississauga (10.6) and South Etobicoke (10.2). We are implementing the Diabetes Strategy locally and developing ways to address the needs of our residents who have diabetes or who are at risk for the disease.

Goals:

- Improve access to integrated diabetes services
- Improve access to a range of chronic kidney disease services
- Enhance supports for people with chronic conditions to help them manage their own health

Objectives:

- Implement the Ontario Diabetes Strategy
- Develop and implement an integrated, regional approach to chronic kidney disease
- Increase awareness of how people with chronic conditions can manage their health and how health care professionals can help them do so

Strategic Priority: Integrating mental health and addictions services

Mental illness and problematic substance use and gambling has a significant impact on Ontarians, it reduces their quality of life and impacts their health, finances, and relationships. According to the Canadian Community Health Survey in 2004, there were 1.3 million Ontario adults (13.2%) with a mood, anxiety or substance abuse disorder. The Ministry of Health and Long Term Care discussion paper "Every door is the Right Door" proposes that one in five Ontarians will experience a mental illness in their lifetime and have ongoing substance abuse issues. There is clearly an impact on the individuals and their families who live with mental illness and addictions.

The Minister's Advisory Group on Mental Health and Addictions is laying the foundation for a 10-year strategy to address this important issue. The LHINs will implement the provincial mental health and addiction strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful and effective services.

In the MH LHIN, the need for mental health and addictions services is increasing. We know there are increasing numbers of people with mental health and addiction issues returning to our hospital emergency departments. Additional people with mental health and addiction challenges often have long wait times for assessment and services.

Right: *Panelist and facilitator in dialogue*

Addressing gaps in services and wait times can reduce the number of non-urgent cases treated by emergency departments.

Our mental health and addictions strategy aligns with the Ministry of Health and Long-Term Care's model for mental health and addictions service delivery.

Goals:

- Improve access to key clinical services and improved quality of care across the LHIN
- Improve community mental health supports to reduce ER visits and hospital stays
- Improve access to early diagnosis and treatment

Objectives:

- Create multi-service centres (for example, health and social services under one roof)
- Implement a common intake and assessment tool for all LHIN-funded mental health and addictions services to use
- Increase community capacity and supports to reduce ER visits
- Partner and work with other ministries and jurisdictions on education and support programs

Strategic Priority: Enhancing seniors' health, wellness and quality of life

Over the past two years (2008/09), our LHIN has invested about $19 million in expanding community support services for seniors. These services help seniors to live at home for as long as possible and improve their quality of life. This has created efficiencies in the system of care for seniors and has fostered many collaborative initiatives. It has also helped to reduce both ER wait times and the number of Alternative Level of Care days.

The LHIN will focus on expanding community living options for seniors with a wide range of community support services enabling our seniors to continue to lead healthy and independent lives in their homes.

Goals:

- Achieve the best combination of home and community services for "at risk" seniors
- Improve access to and coordination of services for seniors
- Support seniors in managing their own health, wellness and quality of life

Objectives:

- Transform community capacity and programs to help "at risk" seniors live at home as long as possible
- Determine future needs for long-term care home beds and services
- Implement specialized geriatric services
- Work with organizations that lead in prevention and wellness services (health care agencies, disease associations, and the broader community services sector)

A broad range of services for seniors have been developed and efforts will made to further expand capacity in fiscal 2010/11. Priority areas will

Above: *Citizen panelist and community leader at work*

include a comprehensive in-home palliative care, enhanced respite, post-hospital care in other settings for convalescence.

Strategic Priority: Strengthening primary health care

When residents in the MH LHIN need health care, they most often turn to primary health care services. Visits to family physicians, consultations with nurse practitioners, telephone calls to health information lines, and advice received from pharmacists are just some examples of primary health care services. Primary health care is key to maintaining and improving our health, and to the quality and sustainability of our local health care system.

Reducing wait times, with a special focus on emergency departments, and quality family health care for all Ontarians is a priority of the government. It's important that citizens of the MH LHIN have access to primary health care around the clock which should help to relieve reliance on hospital emergency departments for non-emergency care.

The MH LHIN will work with our primary health care providers to address our priority of transforming and integrating programs and services to improve overall performance in the local health care system. Additionally, we will work with our family physicians:

- To facilitate the increase of family physicians' use of electronic medical records - this will ultimately lead to improved patient care, safety and access to important clinical health information
- In diabetes management – where primary care is critical to effective patient management
- In providing continuity of care to mental health & addictions clients
- In palliative care

Goals:

- Improve access to family health care
- Increase family physicians' use of electronic medical records

Objectives:

- Increase capacity for family health care throughout the LHIN
- In partnership with Health Force Ontario, increase the number of physicians in the LHIN
- Help make it quick and efficient for family physicians to start using electronic medical records

THE "HOW" IN EXECUTING THE STRATEGIC PRIORITIES

A) THE ENABLERS TO ACHIEVE THE PRIORITIES.

Our six strategic enablers are pillars to support our success in addressing all of our strategic priorities. We will also take action on the strategic enablers themselves over next three years.

- Capacity increase
- Partnerships for collaboration
- e-Health
- Transportation
- Engaged public about their personal health
- Health human resources

Strategic Enabler: Capacity Increase

The MH LHIN has the highest population growth rate of any LHIN in Ontario. To deal with this challenge, the government has recognized the need to increase the capacity to provide more health care in our LHIN by supporting expansion of all of our three hospitals. In the next 5 years, major expansions at Credit Valley Hospital, Trillium Health Centre and the new Oakville Hospital of Halton Healthcare Services will add more than 446 beds and significantly increase ambulatory care and other hospital services. Also, through aging at home investments, the community and long term care sectors capacity will increase with infusion of over 40 million in new investments directed at providing care to seniors and others to stay at home or receive community services in order to enable them to stay

at home and avoid unnecessary use of hospitals and long term care homes. While these new investments are necessary for a high population growth LHIN, over time more capacity needs to be added in all sectors in order to sustain many of the strategic priorities.

Strategic Enabler: Partnerships for Collaboration

Each of our strategic priorities involves partnerships and collaboration that support a holistic approach to health care—including health promotion, disease prevention, and treatment. Partnerships and collaboration are especially important when other organizations are responsible for key health services, as in the following examples:

- Successful implementation of our diabetes strategy will be achieved through partnerships with public health, physicians and other health care professionals
- Strengthening primary health care will require partnerships with physicians and other health care professionals and health service provider organizations.

Collaboration and communication between neighbouring LHINs is important because health service providers sometimes serve more than one LHIN. We regularly discuss patient flow across LHIN boundaries with our neighbouring LHINs. This communication helps to ensure seamless delivery of health care. By collaborating and pooling resources with the Greater Toronto Area LHINs, we will continue to engage and build relationships with the francophone and Aboriginal communities. These relationships help us when we look at local opportunities to improve services.

We also intend to explore partnerships and collaboration beyond the health care sector to support our strategic directions. For example, we can consider developing partnerships with the regional municipal governments and cities that deliver "get active" health, wellness, and health promotion initiatives.

Strategic Enabler: eHealth

The provincial eHealth Strategy is critical to achieving our goals. Our own initiatives to improve LHIN-wide information integration will align with the provincial eHealth Strategy. We will support the implementation of eHealth in diabetes management, medication management, and wait times. In collaboration with other LHINs, we will put the technology systems in place to support information management. Building on our existing information resources, we will implement a common information technology and a system of sharing information.

Strategic Enabler: Transportation

We have already invested in ways to better serve our community with transportation to medical appointments. We plan to look for opportunities to improve access to medical programs and health services, especially for people who need transportation to get to appointments and day programs. For example, community agencies and volunteers provide a variety of transportation services. We will build on our partnerships with them, and also seek partnerships with municipal governments and other associations.

Right: *Forum for Health Service Providers, Oakville, May 5, 2009*

Strategic Enabler: Engaged Public about Their Health

Critical to improving health in our communities is the importance of an engaged population about their health. Providers need to ensure that programs and services are "patient/client driven" thereby giving them choices, empowering them with the necessary knowledge and helping them navigate the right services at the right time in the right settings. This is a key aspect of overall transformation for all of our providers (if we are to develop sustainable solutions) by:

- *Empowering people to maintain their good health*
  Many types of lifestyle choices affect our health. With the right information and support, people can make healthier choices. Health care providers can also concentrate on helping people make healthier choices to maintain good health and prevent disease.
- *Focusing on health promotion rather than disease management*
  By managing their own health better, patients can delay or avoid the complications of chronic conditions. Health care providers can coach and support people with chronic conditions on ways to manage their own health. This approach keeps people healthier longer and improves their quality of life. It also reduces reliance on the health system.
- *Responding to changing health care needs*
  As our population changes, our health system must be able to adapt quickly to new trends and different needs.

Strategic Enabler: Health human resources

Success in implementing our strategic priorities depends on a workforce that is able to meet the health care needs of our community. Our health workforce is dedicated and committed. Safe, effective health care services depend on them. Our Health Professional Advisory Committee advises us on health human resource issues and we will continue to work with them.

Health Force Ontario has the lead in developing tools for health human resource planning. We will continue to work with them on planning, and also on ways to recruit qualified people to work in our LHIN.

The LHIN is supportive of the development of the University of Toronto's new medical academy at its Mississauga site which will open in the fall of 2011. This will greatly enhance our capacity to train and retain new physicians in our LHIN.

Specialized services

Health service providers in our LHIN are working on improving many different specialized programs and services. Some examples are services for children and youth, maternal and newborn services, and palliative care. All of these areas of health care are important. They are not specifically mentioned in our strategic priorities, but they are included in our goal of improving access to specialized services across the LHIN. They will continue to be areas of focus for us over the next three years.

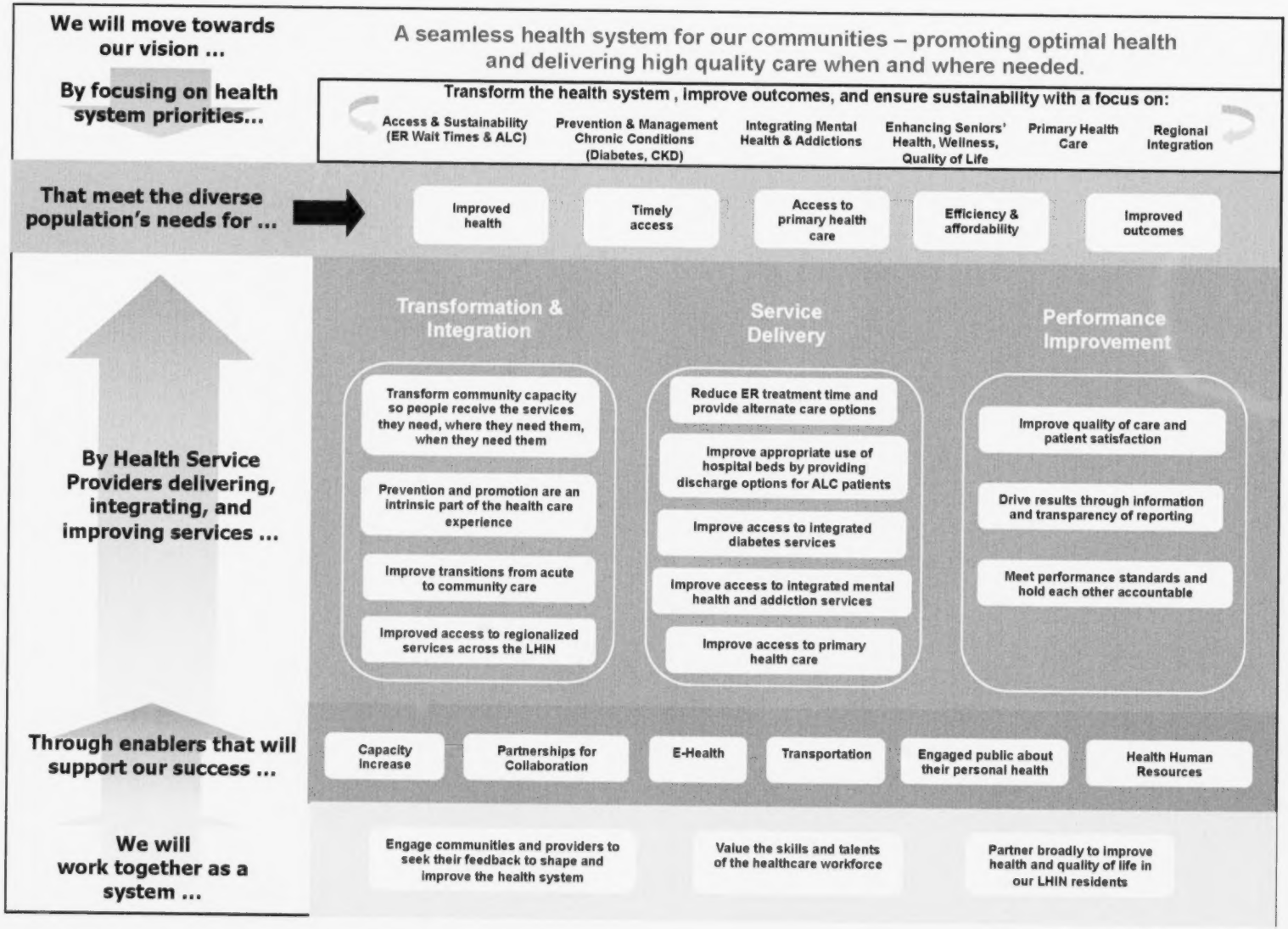
Above: *Hearing from diverse communities in Mississauga, April 2009*

B) HEALTH SERVICE PROVIDERS: TRANSFORMATION, INTEGRATION AND PERFORMANCE IMPROVEMENT THROUGH A QUALITY IMPROVEMENT APPROACH

Transformation:

The transformation and integration of all of our health service provider sectors including hospitals, community support services, MH CCAC, community mental health and addictions and long-term care homes will need to continue and accelerate in order to improve overall service delivery and increase efficiency and affordability. It will mean:

- Transformation of community capacity to ensure the "at risk" seniors and other vulnerable populations receive the services they need in the community and their homes to the extent possible and do not rely on hospitals and LTC homes.
- Transformation of the health care system needs to ensure the right care is provided in the right setting and at the right time.
- Ensuring that hospital services are used for those who need it for as long as they need it and develop transitional care capacity for these patients to receive on-going care in the community.
- One of the critical factors to ensure effective transition from hospitals to the community, is for all hospitals, the MH Community Care Access Centre and community providers to work together to ensure timely handoffs of all patients throughout the continuum of care.
- Prevention and health promotion are an intrinsic part of the overall success in improving health outcomes and preventing the onset of disease and all providers will need to strengthen their role in this area.
- Integration of programs between and within sectors to improve overall quality, access and sustainability.



Mississauga Halton LHIN Strategy Map: 2010 – 2013

This diagram provides a high level overview of our priorities and key areas of focus from 2010-2013. The top focuses on the "what" and the bottom focuses on "how" this will be achieved.

Performance Improvement

The MH LHIN in collaboration with its funded providers will ensure a performance improvement system is in place to improve quality of care and affordability which:

- Drives results through information and transparency of reporting
- Meets established performance standards
- Quality improvement
- Reallocates funds as necessary to achieve the performance requirements.

Using the Institute for Healthcare Improvement's (IHI) Triple Aim Framework, we will focus on:

- Improving population health;
- Improving patient experience; and
- Improving per capita cost of care (more efficient use of all resources).

SPECIAL FOCUS ON THE FRANCOPHONE AND ABORIGINAL COMMUNITIES

Francophone community

We recognize that there is a need to enhance access to health care in French. We are fortunate to be working in partnership with the Centre de Services de Santé– Peel et Halton and the Ministry of Health and Long-Term Care's French language services coordinator to plan for the service needs of the francophone community in our region. We will also collabo-

rate with other LHINs to coordinate and integrate French language health services.

Aboriginal community

The Local Health System Integration Act, 2006 requires that our LHIN, "in carrying out community engagement, engage the Aboriginal and First Nations health planning entity for the geographic area of the network." First Nations, Inuit, and Métis peoples approach health in a holistic way – spiritually, mentally, physically, emotionally, and socially. We will continue to work with Aboriginal health leaders and community organizations, through collaboration with other LHINs, to better understand the health needs of our Aboriginal residents.

7. Rationale for strategic directions

OUR PROCESS

We decided on our strategic directions through several important steps:

- Conducting an environmental scan to determine our LHIN's needs and resources
- Identifying proposed strategic priorities
- Looking at proposed priorities through a "priority-setting lens" to ensure that they aligned with provincial priorities and met our criteria
- Conducting an extensive community engagement process to get feedback on our proposed priorities and enablers and revising them accordingly
- Getting Board approval for the revised strategic priorities and enablers
- Receiving validation through feedback on our draft IHSP

WHAT WE HEARD FROM THE COMMUNITY

Certain themes kept coming up during our consultations for this IHSP—issues that were important to our residents and health service providers alike. The following is a short summary of what we heard.

"We should work on making the system more efficient to provide better service and reduce costs."

Consultation participants in all sectors often mentioned the need for

sustainability, both in the existing health system and in any new initiatives. They also supported moving forward with centres of excellence to provide better specialized care locally and to make the most of our resources. We often heard that the implementation of eHealth would make the system more efficient. This theme is reflected in our strategic priority improving access, quality and sustainability of the health system and in our strategic enablers' efficiency and affordability of the health care system and eHealth.

"Extend hours of care of provider organizations to improve efficiency and help focus on patient-centred care." — Citizens' Reference Panel

"Family physicians would like to build capacity to advocate for their patients about quality of care." — Physicians

"Use MRI/CT and other equipment 24/7 to reduce wait times."
— Citizens' Reference Panel

Left
Bill MacLeod, CEO of MH LHIN, sharing his thoughts

"Redundancy in patient assessments could be reduced through standardized assessment forms, used across disciplines, and shared among services — preferably online." — Health Service Providers

We should focus on prevention, wellness, and education to improve outcomes and make the health system more sustainable. Participants told us that health itself, and the sustainability of the health care system, cannot be separated from prevention and education. They also thought it was important to help people with chronic conditions manage their own health. This theme is reflected in our strategic priority prevention and management of chronic conditions.

We should focus on prevention, wellness, and education to improve outcomes and make the health system more sustainable.

"Prevention and public health education should focus on providing people with the skills to better manage their own health." — Diverse Communities

"Promoting good health is integral to a sustainable health system."
— Francophone Community

"Health promotion and disease prevention are related to the continuum of services and essential to the sustainability of the health system."
— Health Service Providers

We should find ways to better meet the need for mental health and addictions services throughout the community. Consultation participants told us children and youth, seniors, new mothers, and patients with chronic conditions often do not receive the mental health services they need.

Participants also saw a need to provide more services locally. They supported the integration of mental health and addictions services. They said

that those services should be linked with other health services. This theme is reflected in our strategic priority integrating mental health and addictions services.

"Mental health and addictions services should be integrated with the health system generally, since mental health problems lead to a great many emergency room visits." — Health Service Providers

"Mental health services should include a focus on removing barriers for people seeking treatment and, collaborating with communities, reducing any cultural stigma attached to mental health problems." — Diverse Communities

"Integrating mental health and addictions services will help to build capacity in this sector. Mental health and addictions services should also be integrated with other services, and medical practices in this area should coordinate with other medical and social services involved with the patient." — Physicians

Left *Participants from the Stakeholders' Forum, May 5, discussing the proposed priorities*

"There is a need to integrate children and youth services. There are a lot of resources, but they are scattered, we need to create a real integrated network."
— Systems Integration Group for Mental Health and Addictions

We should continue to support programs that help seniors maintain wellness and stay in their homes, and we should develop strategies to address the gaps in services to vulnerable seniors. Participants in all sectors of the community supported the development of programs that address seniors' many different needs. They often mentioned the importance of supporting seniors in staying healthy and managing on their own. All sectors of the community were concerned about ways to help vulnerable seniors. This theme is reflected in our strategic priority enhancing seniors' health, wellness and quality of life.

"Often, a small amount of early support would go a long way toward preventing a return to hospital, complications, and overuse of emergency services."
— Diverse Communities

"There should be more focus on prevention and promotion of a healthy lifestyle so that seniors can manage their own health. Health Service Providers "There may be opportunities to work with hospitals to provide specialized services in long-term care settings." — Long-Term Care Administrators

We should seek to increase access to primary care as a way of reducing the burden on emergency rooms. Our consultation participants considered primary care a critical part of access to health care services. This theme is reflected in our strategic priority of strengthening primary health care.

"Create more team-based, interdisciplinary forms of access to primary care (more cost-effective for cases that don't require a physician)."
— Citizens' Reference Panel

"Family physicians would welcome periodic information sessions on primary health care, facilitated by the LHIN..." — Physicians

We should facilitate communication and collaboration to better inform citizens about the services available, provide holistic health care, and make the most of community resources. Participants thought it was important to increase the exchange of information and to build partnerships and cooperation at all levels. This theme is reflected in our strategic enabler partnerships for collaboration.

"Encourage inter-sector partnerships and collaboration to support health through environmental, education, infrastructure, and community programs." — Citizens' Reference Panel

"Collaboration among service providers could improve access to health services in French." — Francophone community

"It's only when all the stakeholders work together collaboratively that great initiatives happen, which have a clear and a distinct impact on the services being offered to the public." — Citizens' Reference Panel

We should focus on using the eHealth strategy, especially in the areas of electronic patient records and reducing paperwork. We heard a great deal about the advantages of electronic patient records and reduced paperwork. This theme is reflected in our strategic enabler "eHealth."

"Moving forward on eHealth, especially with respect to electronic patient records, would contribute to more seamless patient care and would save time for physicians." Physicians A centralized patient information system (under the eHealth strategy) would help in providing seamless services and avoiding duplication of records." — Health Service Providers

We should focus on access to transportation, recognizing that it is closely linked to the accessibility of the health care system. We heard about seniors at home who have difficulty getting to appointments, seniors in long-term care who can't get to day programs, chronic care and mental health patients who need help to get to follow-up appointments, newcomers who do not have vehicles and francophone who have to travel long distances to obtain services in French. This theme is reflected in our strategic enabler transportation.

"We need more adult day programs with transportation."
— Long-term Care Administrators

"Transportation continues to be a significant problem that keeps seniors from accessing services." — Diverse Communities

"Better communication and coordination with organizations that offer transportation, such as the Red Cross and the CNIB, should be attempted."
— Diverse Communities

"Transportation is a major difficulty for patients who need dialysis."
— Diverse Communities

"Through partnerships, the health system should build on existing resources to improve transportation for patients." — Health Service Providers

Links to reports on our individual consultation events, and to a summary report on what we heard in all of our consultations, can be in the Supporting Documents section at the end of this report.

8. How success will be demonstrated/ measured

We will measure success by how well we achieve outcomes. We expect to see improvement in services and cost savings from efficiencies. We will concentrate more intensely on performance management, looking at both methods and results. It will also be important to make sure that everyone involved shares the same goals. Partnerships with our health service providers across the LHIN will be key to executing our strategies and achieving our outcomes.

Left
Diverse communities sharing ideas with Mississauga Halton LHIN

OUTCOMES

We have identified outcomes for each of our strategic priorities:

Improving access, quality and sustainability of the health system

- Performance targets are met, including decreasing ER wait times and Alternate Level of Care days (as described in the accountability agreement between the LHIN and the Ministry of Health and Long-Term Care)
- Increased patient satisfaction and quality of care

Creation of LHIN-wide regional programs

- Increased number of regional or specialized programs/services
- Increased number of LHIN-wide adoption of best practices, common assessment and intake tools
- Improved efficiency in provision of services
- Increased quality in patient care

Prevention and management of chronic conditions

- Increased number of patients with diabetes who access integrated diabetes care
- Increased percentage of home-based dialysis therapies
- Increased number of long-term care homes that provide peritoneal dialysis services
- Increased number of patients and health care professionals using self-management techniques

Integrating mental health and addictions services

- Increased access to multiple and co-located mental health and addictions services
- Increased community visibility

- More providers finding ways to work together to share facilities and resources
- Decreased ER repeat visits for mental health and addictions clients
- Increased access to community supports
- Increased early identification of mental health and addictions clients

Enhancing seniors' health, wellness and quality of life

- Increased supports and services for "at risk" seniors in their homes and communities to reduce ER visits
- Increased timely access to specialized geriatric assessment and consultation services
- Decreased percentage of seniors 75 years of age and older living in institutional settings
- Increased availability of appropriate long-term care beds and services

Strengthening primary health care

- Increased number of practitioners delivering family health care
- Increased number of practitioners consulting and supporting family health care practitioners
- Increased number of complex and vulnerable patients who have providers of family health care
- Increased number of physicians implementing the use of electronic medical records

MEASURING PERFORMANCE

In the public sector, effective public reporting on performance is an essential part of being accountable. We have a responsibility to account for our activities. One way we fulfill that responsibility is by reporting on performance—both successes and opportunities for improvement.

Our approach to performance:

- Clear accountability for results
- A culture of transparency
- Regular reporting
- Data-informed decision-making
- Ability to identify opportunities for performance improvement
- Better understanding of performance

We monitor and show our progress toward achieving our strategic priorities in several ways:

Ministry-LHIN Accountability Agreement

This agreement sets out the understanding between the Ministry of Health and Long-Term Care and the LHIN regarding our respective funding, operational, and performance obligations. The LHIN is responsible for monitoring progress on specific performance measures.

ER/ALC Progress

The Ministry of Health and Long-Term Care reviews quarterly, with all the LHINs, on performance related to ER wait times and Alternate Level of Care days. The LHIN is accountable for monitoring progress toward specific performance targets determined annually.

Left
Citizens' Reference Panelists learning about health service providers in the region

Service Accountability Agreements with health service provider organizations

The LHIN plays a key role in monitoring the performance of provider organizations. We do this by developing and enforcing Service Accountability Agreements with them. We negotiate these agreements with public and private hospitals, Community Care Access Centres, community support services, mental health and addictions services, Community Health Centres, and Long-Term Care homes.

Reporting to the Ministry of Health and Long-Term Care

The LHIN submits quarterly and annual reports on performance to the Ministry of Health and Long-Term Care. In our quarterly reports, we report on the performance indicators set out in the Ministry-LHIN Accountability Agreement. We also report on the financial health and top risks in the health sector and in our LHIN. The Minister tables our annual reports before the Legislative Assembly.

Mississauga Halton LHIN website

We post information on our website (www.mississaugahaltonlhin.on.ca) so that anyone who is interested can find out about our progress.

MOVING FORWARD WITH OUR STRATEGIC DIRECTIONS

During our first three years of operation, we put in place the many structures and processes required to fulfill our mandate. We also made significant progress on the priorities from our first IHSP. With those structures and processes in place, and with the experience we have gained, we have laid the groundwork for moving forward with our strategic directions. Importantly, we have also established connections with the community and solid lines of communications with our health partners. We will be seeking new ways to form partnerships and facilitate collaboration to achieve our goals.

9. Conclusion

This IHSP is a strategy to guide our work for the next three years. It ensures our full support for and participation in the Ministry of Health and Long-Term Care's key priorities for Ontario. Through our consultation process, we are also confident that it responds to the concerns of our community. We believe that we have created a firm foundation for moving forward with our aim of promoting integration as a catalyst for positive change in our local health care system.

The IHSP should be viewed as the collective action agenda for all of our 77 HSPs and many others we partner with to achieve the expectations of the government and our LHIN residents. The successful execution of this three year plan is only possible with the extensive engagement and support of all HSPs. With our three-year strategy in place, we will develop an Annual Business Plan based on our strategic directions. Each year, we will adjust our Annual Business Plan to reflect progress on implementing and accomplishing the goals of our IHSP. We will also account for progress in our Annual Reports.

A truly integrated, seamless, patient-centred health care system will need all health care partners to work together. We are committed to seeking and strengthening partnerships and cooperation throughout our LHIN and beyond. Our residents are important partners in this effort. We will continue to look for ways to engage members of our community in achieving excellence in the health care system for Mississauga Halton LHIN.

LHINs share the goal of a health system that:

- Supports people in living healthy lives
- Ensures that people can get good care when they need it
- Supports people in living longer and in managing on their own
- Does all this at the lowest possible cost

LHINs work with their service providers to reach targets and goals.

Supporting documents

Visit www.mississaugahaltonlhin.on.ca to view the documents listed below

A. Mississauga Halton LHIN Environmental Scan, April 2009

B. Environmental Scan Appendices

(i) Seniors Health and Wellness: Aging at Home
(ii) Ontario's eHealth Strategy
(iii) Diabetes
(iv) Emergency Services/Alternative Level of Care

C. Progress Report on Current IHSP 2007–2010

D. Community Engagement Reports

(i) Diverse Communities
(ii) Francophone Community
(iii) Physician CME
(iv) Health Service Providers
(v) Health Professionals Advisory Committee
(vi) Systems Integration Group for Mental Health and Addictions
(vii) Seniors' Health, Wellness and Quality of Life Advisory Group
(viii) Long-Term Care Administrators Group
(ix) Chronic Disease Prevention and Management Detailed Planning and Action Team
(x) Citizens' Reference Panel

E. Community Engagement Summary

Mississauga Halton LHIN

Integrated Health Service Plan: 2010–2013

Leading Health System Integration

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